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omplete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/895,085 | 06/29/2001 | Jason Benfield | AUS920010377US1 | 6712 |

TITLE OF INVENTION: METHOD AND SYSTEM FOR A NETWORK MANAGEMENT FRAMEWORK WITH REDUNDANT FAILOVER METHODOLOGY

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| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE | | | | | | | | | | | |
| nonprovisional | NO | \$1510 | \$300 | \$0 | \$1810 | 08/31/2011 | | | | | | | | | | | |
| | | ART UNIT | CLASS-SUBCLASS | 7 08/31/2011 SHOHAMM1 00000010 090447 09895085 | | | | | | | | | | | | | |
| EXAMINER ART UNIT | | ARTONII | CLASS-SOUCLASS | 01 FC:1501 1510.00 DA | | | | | | | | | | | | | |
| OSMAN, RAMY M | | 2457 | 709-224000 | 01 FC:1501 02 FC:1504 | 309.00 DA | | | | | | | | | | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | | | |
| | | | | | | | | PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | | | |
| | | | | | | | | (A) NAME OF ASSI | | | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | |
| International Business Machines Corporation Armonk, New York | | | | | | | | | | | | | | | | | |
| | | | | - | | | | | | | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | | | | | | | | | | | | | | |
| 4a. The following fee(s) | are submitted: | ш. | n Payment of Fee(s): (Ples | ase first reannly any nre | viously paid issue fee sh | own above) | | | | | | | | | | | |
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| 5. Change in Entity Sta | tus (from status indicate | d above) | | | | | | | | | | | | | | | |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | | | b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | | | | | | | | | | | | |
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July 19, 2011

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Cotas B. Mango